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ORIGINAL

Nursing Care for a Postoperative Patient with Uterine Myomatosis in the Gynecology Department of a National Hospital in Lima, 2022

Cuidados de enfermería en paciente posoperada por miomatosis uterina del servicio de ginecología en un hospital nacional de Lima, 2022

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ABSTRACT

The present study was applied to an immediate post-operative patient for uterine myomatosis hospitalized in the obstetrics and gynecological service. Uterine fibroids or leiomyomas are tumors formed by smooth muscles that grow on the wall of the uterus. They are non-malignant tumors common in women of reproductive age. The objective was to manage nursing care in a postoperative patient for uterine myomatosis. The study had a qualitative, single-case approach; The methodology applied was the nursing care process (PAE), which included a 41-year-old patient, in which each of its stages was applied, the assessment was carried out through the assessment guide with the eleven patterns Marjory Gordon's functional models, three altered patterns were prioritized: cognition and perception, coping and tolerance to stress, and sleep and rest; The diagnostic stage was developed based on taxonomy II of NANDA I, seven nursing diagnoses were identified, prioritizing 3 of them: (00132) Acute pain, (00146) Anxiety and (00198) Altered sleep pattern, according to the format SSPFR (signs and symptoms, problem and related factor/risk factor/associated); In planning, the individualized care plan was developed based on the NOC Taxonomy, NIC with expected results and selection of interventions; In the execution stage, nursing care was administered and the care plan was updated; and the evaluation was given by the difference in final and baseline scores respectively; In the evaluation, favorable results were obtained with change scores of + 2, +2 and + 1. In conclusion, the PAE was carried out on the patient, which made it possible to provide humanized care with warmth and quality to the patient.

Keywords: Nursing care; patient; uterine myomatosis.

RESUMEN

El presente estudio fue aplicado a una paciente posoperada inmediata de miomatosis uterina hospitalizada en el servicio de gineco obstetricia. Los miomas uterinos o leiomiomas son tumores formados por músculos lisos crecen sobre la pared del útero, son tumores no malignos frecuente en mujeres en edad reproductiva. El objetivo fue gestionar los cuidados de enfermería en paciente posoperada de miomatosis uterina. El estudio tuvo un enfoque cualitativo, de tipo caso único; la metodología aplicada fue el proceso de atención de enfermería (PAE), que incluyó a una paciente de 41 años de edad, en la que se aplicó cada una de sus etapas, la valoración se realizó a través de la guía de valoración con los once patrones funcionales de Marjory Gordon, se priorizaron tres patrones alterados: cognición y percepción, afrontamiento y tolerancia al estrés y sueño y descanso; la etapa diagnóstica se elaboró a base de la taxonomía II de NANDA I, se identificaron siete diagnósticos de enfermería, priorizándose 3 de ellos: (00132) Dolor agudo, (00146) Ansiedad y (00198) Patron del sueño alterado, de acuerdo al formato SSPFR (signos y síntomas, problema y factor relacionado/factor de riesgo/asociado); en la planificación se elaboró el plan de cuidados individualizado en base a la Taxonomía NOC, NIC con resultados esperados y selección de intervenciones; en la etapa de ejecución se administraron los cuidados de enfermería y actualizas el plan de cuidados; y la evaluación fue dada por la diferencia de puntuaciones final y basal respectivamente; en la evaluación se obtuvo resultados favorables con puntuaciones de cambio de + 2, +2 y + 1. En conclusión, se procedió a ejecutar el PAE en la paciente lo que permitió brindar un cuidado humanizado con calidez y calidad a la paciente.

Palabras claves: Cuidados de enfermería; posoperada; miomatosis uterina.

INTRODUCTION

Uterine myoma is a condition that occurs in women of childbearing age. They are generally benign tumors, ranging in size from microscopic to enormous, characterized by growing in the muscular wall of the uterus, subserous or pedunculated.

According to the World Health Organization, the prevalence of fibroids in the uterus ranges from 5 to 21% worldwide but increases with age, reaching 1.8% in women aged 20 to 29 and 14.1% in those over 40. However, statistical data show that 60% develop in women of reproductive age, 80% develop throughout their lives, in black women 60% and in American women under 50 years of age 80%. (Jiménez Mora, 2021).

A study in Germany with 2296 women discovered that 41.6% had fibroids. The cases of uterine fibroids increased by 21.3% in women between 30 and 35 years old and by 62.8% in those between 46 and 50 years old. After that, the number of fibroids discovered decreased from approximately 56% to 29.4% in the group of women aged 51 to 55. It was found that 50% of all women living in Germany and more than 40% of women over the age of 29 had fibroids. (Saguma Puelles & Gil Campos, 2023)

In the United Kingdom, the number of reported cases of uterine fibroids is 4.5%, while in Italy it is 9.8%. (Chamba, et al.; 2021).

In the United States, a medical intervention was carried out on all women in several urban areas, resulting in cases of fibroids at a rate of 70-80%. (Chamba, et al.; 2021)

Another study in the United States reports that 59% of black women have fibroids, with no symptoms or abnormal bleeding. Several studies have shown that race, family history, age, and comorbidities such as hypertension and diabetes increase the risk of uterine fibroids. (Yzaguirre et al.; 2023)

According to the Peruvian Ministry of Health, fibroids are benign smooth muscle tumors originating from myometrial tissue (leiomyoma). They have a pseudo capsule and are classified according to their anatomical location. (Pacheco Fuentes, 2019)

In Peru, the rate of fibroids in women aged 25 to 35 is only 0.31 per 1000 women per year, while in the 45 to 50 age group, this rate increases 20-fold, reaching 6.2 per 1000 women per year. (Yzaguirre et al.; 2023)

A study carried out at Loayza Hospital (2020) found that uterine fibroids represent 20% of all benign tumors in women of childbearing age and can affect up to 70-80% of women. In addition to their high prevalence, it is estimated that between 25 and 40% of fibroids cause symptoms that affect the quality of life and daily activities of women, where they become so severe that they require specific treatment (Ayala Apolinario, 2021).

Trujillo B. (2022) considers uterine fibroids to be benign tumors common in women of childbearing age. Many of them have no symptoms; however, depending on their location and size, they can cause abnormal uterine bleeding, symptoms of pelvic pressure, and infertility.

Uterine fibroids, also known as fibromas, fibromyomas, or leiomyomas, are a benign gynecological neoplasm that develops in the muscle cells found in the uterus wall and, in some cases, in the cervix. They can be single or multiple, causing abnormal bleeding, anemia, urinary infections, infertility, and sterility in women of reproductive age. Black women, women with hypertension, obesity, and those with early menarche are at greater risk. (LLumitaxi Averos, 2020).

Likewise, fibroids are benign tumors that arise from the smooth muscle of the uterus, ranging in size from millimeters to giant cysts, spreading throughout the abdomen, pressing, and rarely causing pain. They depend on estrogen and are associated with heavy menstrual cycles, most of which are reduced during menopause. (Yzaguirre et al.; 2023)

In conclusion, fibroids are relatively common in women of reproductive age and are one of the causes of infertility and miscarriage in a significant minority of patients. In women with infertility and fibroids, the possibility of pregnancy increases after the fibroids have been removed. (Leyva Orihuela, 2021)

The etiology of uterine fibroids is still poorly understood. Most theories are based on the origin being generated by a single tumor cell in the smooth muscle of the uterus, chromosomal abnormalities leading to the disease, the synergistic effects of increased human growth hormone and lactogen plus estradiol, and the presence of persistent embryonic cells. (Villena Patiño, 2021)

The pathophysiology of myxomatosis has factor components such as hormonal effects, race, and genetics. Progesterone and estrogens play an important role in the biology of these tumors; the black race has some polymorphisms in the estrogen receptors; in the alpha subunit, there are alterations with several rearrangements, in addition to several karyotypes that give the predominance in the location and sizes. Uterine leiomyomas are sensitive to estrogens, which create a hyperestrogenic environment. They are ideal for growth as they have a greater capacity to have receptors for this hormone and convert less estradiol into estrone. In addition, a higher concentration of Cytochrome P450 catalyzes the conversion of androgens into estrogens in some tissues. (Sanches Torres, 2020)

The clinical manifestations of fibroids in women are generally asymptomatic depending on the location, size, and number of fibroids and include heavy or irregular bleeding, pelvic pressure, dysuria, constipation, obstetric complications, and fertility problems. (Bonilla Tixi, 2021)

Abnormal uterine bleeding is the main symptom of fibroids. It is characterized by heavy menstrual bleeding that lasts longer than usual (menorrhagia is defined as a menstrual blood volume > 80 ml) due to a deformity in the uterine cavity caused by a tumor. (Bonilla Tixi, 2021)

Most of the symptoms of uterine fibroids are asymptomatic. However, in some women, depending on the location, size, and direction of the tumor, they can cause bleeding between periods (metrorrhagia), longer and heavier periods (menorrhagia), painful sexual intercourse (dyspareunia), pelvic pain and abdominal distension, pressure on the bladder, ureters, and rectum, frequent urination and anemia (Ochoa M. et al.; 2022)

The diagnosis is made using a physical examination of the pelvis and an abdominal or transvaginal ultrasound to confirm its presence. It is difficult in obese patients because palpation is more complicated.

Another method to confirm the diagnosis and rule out other types of lesions, such as ovarian tumors, is hysteroscopy, which consists of inserting a camera through the vagina to see inside the uterus and detect submucosal fibroids. Laparoscopy allows fibroids to be observed and even removed. Hysterosonography allows the interior of the uterus to be visualized. Magnetic resonance imaging allows images to be obtained in different planes. Finally, endometrial biopsy allows a tissue sample to be obtained for neoplasia diagnosis. (Ochoa M. et. al.; 2022)

In terms of hormonal treatment, contraceptives help to control heavy menstrual periods, uterine devices that secrete hormones called progestogens and which in some cases help to reduce heavy bleeding; SPRMS (selective progesterone receptor modulators) is a recent treatment that consists of blocking the progesterone receptors at the level of the fibroid and also excessive bleeding. GnRH agonists are also used, which minimize the level of estrogen in the blood, causing a situation similar to menopause. For this reason, considering the possible side effects can improve the symptoms. However, it does not ensure the eradication of the fibroid, so when the medication is suspended, it reappears. (Guillén Valera, 2020)

Surgical treatment is used when there is no response to hormonal treatment and surgical intervention is chosen, detailing the following: a) Uterine artery embolization is beneficial in small fibroids, b) Myomectomy, especially in patients planning to have children, c) Partial or total hysterectomy, is performed in older women who no longer intend to have children or if the tumor is malignant. (Guillén Valera, 2020)

The prognosis for fibroids in women is good, as most do not require intervention, and the chances of malignancy are minimal. (Clinic Barcelona, 2019).

The nurse's role is vital in the user's recovery period, as they will provide comprehensive care, assess the pain level, reduce anxiety, and improve sleep to achieve a favorable recovery process. In this way, the user's physical and mental recovery is achieved while promoting care with total effectiveness and quality (Suárez R. et al., 2022)

In this sense, nurses specializing in gynecology and obstetrics must focus on the patient to minimize postoperative discomfort and avoid complications after the intervention. They must also form and participate in the multidisciplinary team to provide specialized care aimed at improving the patient's quality of life.

The perspective of the PAE focuses on offering nursing care at each stage, starting with the assessment, diagnosis, planning, execution, and evaluation of the interventions of the nursing professional, taking into consideration holistic, humanized, and comprehensive care, with safety measures, as well as continuity of care in different settings and, at the same time, contributing to and taking charge of one's care in health education contexts. (Miranda. L et al., 2020).

METHODS

The nursing care process (NCP) is the application of the scientific method that allows the health professional to develop an individualized care model for patients in a rational, logical, and systematic way. It consists of five stages: assessment, diagnosis, planning, execution, and evaluation, as well as the application of preventive and care measures (Heatler et al., 2021).

The present research used a qualitative approach and a single case study type. As a scientific method, the nursing care process (NCP) was applied in healthcare practice because it allows us to provide specific care in a well-founded, logical, and systematic way.

The subject of the study was a 41-year-old female patient with the initials L.G.S., hospitalized in the gynecology and obstetrics department with a diagnosis of postoperative uterine myxomatosis, selected for convenience by the researchers. The following data collection techniques were used for the assessment: observation, interview, documented review of the medical history, and the assessment guide based on Marjory Gordon's 11 functional patterns; after critical analysis of the significant data, nursing

diagnoses were stated, taking into account NANDA I taxonomy II; in the planning stage, the care plan was drawn up using NOC and NIC taxonomy and then the interventions were carried out.

The EAP was evaluated at each stage of the care plan, in the nursing interventions, and, above all, in the final product, which was assessed by the difference between the baseline scores at the beginning of the work and the final score at the end of the work.

The nursing process is important because it allows us to create and apply a personalized care structure to meet the patient's needs with quality, humanity, and spiritual strength to prevent possible complications during the disease process.

Nursing Care Process

Assessment

The patient's assessment included collecting data from different sources with a holistic approach. Potential complications (interdependent problems) were also identified. For validation, measurement scales or confrontation with other data were used. For organization, they were grouped according to Marjory Gordon's functional patterns, which served to document and communicate between professionals.

General Data:

Name: L. G. S

Age: 41 years

Service: Gynecology

Medical diagnosis: uterine myxomatosis

Days of hospitalization: 5

Date of assessment: 11-29-22

Hours of care: 12 hours

Reason for Admission:

A young adult female patient, 41 years of age, with no family history, was seen in the emergency gynecology clinic because she was experiencing heavy bleeding and abdominal pain. After questioning and a physical examination, she was diagnosed with uterine myoma based on the clinical symptoms and transvaginal ultrasound, so the attending physician decided to operate on her based on the symptoms and the results of the diagnostic tests.

She was received in the gynecology department, coming from the post-anesthetic recovery unit (PACU), with 3 hours of the immediate postoperative period, admitted on a stretcher, awake, lucid, oriented in time, space, and person, breathing spontaneously, with the patent peripheral line, infusing analgesics, with patent closed-circuit urinary catheter, surgical wound with dry, clean and sealed, mobilizing lower limbs, stable vital signs (VSS) stable. She is hospitalized with a medical diagnosis of immediate postoperative total abdominal hysterectomy.

Assessment According to Functional Patterns:

It was carried out to identify the patient's holistic needs and/or problems based on an assessment guide with Marjorie Gordon's 11 functional patterns.

Pattern I: Perception and Management of Health.

History of COVID-19 (+) 2 years ago (March 2021), with gastritis without pharmacological treatment. Surgical intervention: cesarean section in 2006, denies allergies, in a regular state of hygiene, with a sedentary lifestyle, not very healthy habits, no risk factors.

The patient was hospitalized because she had episodes of genital bleeding with menstruation-related abdominal pain on several occasions with palliative treatment with tranexamic acid 1g and iron saccharate.

She self-medicated with naproxen or paracetamol when she was in pain.

Pattern II: Nutrition and metabolism

Postoperative patient with semi-hydrated skin and mucous membranes, temperature 37 ºC normothermic, slight pallor evident, patient receiving hydration with 9% NaCl 1000 cc at 30gts x', no

edema present, normal hair well implanted, oral mucosa inactive and hydrated, weight 71 kg, height 1. 57 cm, body mass index (BMI) 28.8 overweight. Hemoglobin 12 g/dl, hematocrit 35.5 g/dl, blood glucose 99 mg/dl, blood group and RH factor= O+; in NPO, abdomen, painful to palpation due to surgical wound, slightly distended, bowel sounds increased, surgical wound with clean, dry and sealed dressings.

He has been taking alprazolam 0.5 mg for 20 days as medically indicated.

Pattern III: Elimination.

A postoperative patient with permeable Foley catheter No. 14 in a closed circuit with a 400 cc urine collection bag (dark urine) reports, "I am still on the catheter, but I always urinate frequently several times a day." Defecation one day ago.

IV pattern: Activity and exercise.

Respiratory activity: The postoperative patient breathes spontaneously, with a respiratory rate of 18 per minute and a shallow, regular rhythm. There is no cough or secretions, and rhythmic breath sounds are heard in both lung fields. The patient is breathing room air (FIO2 = 0.21) with saturation (Sat.O2) of 96%.

Circulatory activity: Patient has a regular pulse, heart rate 69 bpm, blood pressure 110/70 mm Hg, capillary filling time less than 2 seconds; non-invasive line with peripheral catheter No. 18 in left upper limb perfusing sodium chloride 9/1000 + tramadol 100mg + metamizole 2 g + metoclopramide 10mg at XXX drops per minute, no peripheral risk.

Capacity for self-care, immediate postoperative period of three hours, degree of dependence II, requires assistance from staff to mobilize and self-care, decreased muscle strength due to anesthetic effect and pain. The upper and lower limbs are mobile and symmetrical.

Pattern V: Sleep and rest

The patient reports that they only sleep about 3 hours. I have difficulty falling asleep. I cannot sleep because of the pain in my wound. I feel sad. I am afraid of the changes that may happen to my health; they tell me that I may have pain during sexual intercourse, early menopause, and risk of heart disease. I have light sleep, and I wake up all the time because of the screams of the other patients, noises from the stretchers and the doctors coming and going, and the light that stays on all night. I suffer from insomnia and take alprazolam 0.5 mg at home.

Pattern VI: Cognition and perception

Patient awake, conscious, lucid, oriented in time, space, and person (LOTEP), Glasgow 14 points, isochoric pupils, adequate sensory stimuli

The patient says, "My wound hurts," and points to the surgical site, which is rated at seven on the visual analog scale (VAS) as moderate pain. A facial expression of pain, limited mobility, and moments of whining are observed.

Pattern VII: Self-perception and self-concept

The patient states, "I feel empty; my partner will not love me anymore. She is observed to be hypoactive, restless, and has the support of her only daughter and her mother." This will help her to cope better with the surgical procedure. She is observed to be hypoactive and restless, as is typical of the intervention.

Pattern VIII: Roles and relationships

The patient has completed secondary education, is a housewife, and lives with her partner and her daughter. She says, "I have to recover quickly from work. I'll do light work. I make soft toys." She also says, "I have a good relationship with my family."

Pattern IX: Sexuality and reproduction

The patient presented menarche at 11 years of age, regular menstruation every 28 to 30 days lasting 3 to 5 days; on physical examination and breast palpation, symmetrical, soft nipples formed; operative sample of the uterus was sent to pathology for corresponding biopsy, no vaginal bleeding, with a negative result of Papanicolaou in January, has not used contraceptive for two years. First pregnancy with dystocic

delivery 15 years ago and a uterine curettage for abortion 3 years ago. Currently post-operated from total abdominal hysterectomy.

Pattern X: Coping and stress tolerance

The patient, who collaborates with hospital procedures, expresses concern about her current state of health, is restless, tearful at times, anxious, and says, "I feel alone, and I am worried about my only daughter because she is alone. I would have preferred to have more children."

Pattern XI: Values and beliefs.

Non-practising Catholic.

Diagnosis

The diagnostic stage was carried out through a clinical judgment based on the patient's response to the health problem of myxomatosis. The prioritization of the three nursing diagnoses is presented as part of the EAP methodology determined based on the NANDA-I taxonomy (2021-2023).

Prioritized nursing diagnoses

First Diagnosis

Diagnostic label: Acute pain (00132) (p. 310)

Related factors: by physical harmful agents secondary to surgical intervention.

Defining characteristics: facial expression of pain, tearful, whiny concerning pain, and VAS: 7 points

Diagnostic statement: Acute pain r/c injuries by physical agent secondary to surgical wound, m/p VAS scale 7 points, facial expression of pain and whining.

Second diagnosis.

Diagnostic label: Anxiety (00146) (p. 89).

Related factors: Conflict over life goals.

Defining characteristics: Expresses anxiety about changes in life events,

worry, expression of anguish, anxiety, restlessness, "I feel alone and I worry about my daughter."

Diagnostic statement: Anxiety r/c conflict over life goals m/p expression of anxiety due to changes in life events, worry, expression of anguish, anxiety, restlessness, "I feel alone and worried about my only daughter.

Third diagnosis

Diagnostic label: Disturbed sleep pattern (00198) (p. 134)

Related factors: environmental disturbances

Defining characteristics: Difficulty falling asleep, difficulty staying asleep, and expressing tiredness

Diagnostic statement: Altered sleep pattern r/c environmental disturbances m/p difficulty falling asleep, difficulty staying asleep, and expressing tiredness

Planning

This stage establishes the application of strategies that work to reinforce the responses needed by the healthy patient or even to diminish, evade, and improve the responses of the individual who has health difficulties or problems that are previously recognized through diagnosis.

First Diagnosis

(00132) Acute pain related to physical injury secondary to operative intervention, evidenced by a 7-point VAS scale, facial expression of pain, and tearfulness.

Nursing outcomes.

NOC [2102] Pain level

Indicators

Referred pain

Duration of pain episodes

Facial expressions of pain

Tears

Nursing Interventions. (NIC)

[1410] Pain management: acute.

Activities:

Perform a comprehensive pain assessment, including location, characteristics, onset, duration, frequency, quality, intensity, and severity of pain and triggers.

Select and develop those measures (pharmacological, non-pharmacological, and interpersonal) that facilitate pain relief as appropriate.

Encourage periods of rest and adequate sleep to facilitate pain relief.

Teach principles of pain management.

Reduce or eliminate factors that precipitate or increase the expression of pain (fear, fatigue, monotony, and lack of knowledge).

Evaluate the effectiveness of pain relief measures through continuous assessment of the painful experience.

Second diagnosis

(00146) Anxiety related to conflict over life goals manifested by expression of anxiety over changes in life events, worry, expression of distress, anxiety, restlessness, "I feel alone, and I worry about my daughter."

Nursing outcomes.

NOC [1211] Level of anxiety

Indicators

Restlessness

Verbalized anxiety

Excessive worry

Nursing Interventions (NIC).

[5270] Emotional support.

Activities

Make empathic or supportive statements

Stay with the patient and provide feelings of security during periods of increased anxiety.

Listen to expressions of feelings and beliefs.

Embrace or touch the patient to provide support.

Encourage conversation or crying as a means of reducing emotional response.

Refer to counseling services if needed.

[5820]: Decreased anxiety.

Activities:

Use a calm approach that provides security.

Try to understand the patient's perspective on a stressful situation.

Provide objective information regarding the diagnosis, treatment, and prognosis.

Create an environment that facilitates trust.

Establish recreational activities aimed at reducing tension.

Instruct the patient on the use of relaxation techniques.

Third diagnosis

NANDA (00198) Pattern of disturbed sleep related to environmental disturbances manifested by difficulty in initiating sleep, difficulty in remaining asleep and expressing tiredness.

RESULTS

NOC [0004] sleep

Indicators

Difficulty getting to sleep

Interrupted sleep

Pain

Nursing interventions.

NIC [1850] Improve sleep.

Activities:

Include the patient's regular sleep/wake cycle in care planning.

Teach the patient to control sleep patterns.

Adjust the environment (light, noise, temperature, mattress, and bed) to promote sleep.

Help eliminate stressful situations before going to bed.

Teach the patient to perform autogenic muscle relaxation or other non-pharmacological methods of inducing sleep.

Arrange naps during the day, if indicated, to meet sleep needs.

Discuss sleep-promoting techniques with the patient and family.

Provide information leaflets on sleep-promoting techniques.

Implementation

At this stage of the nursing care method, nursing care was provided in compliance with the activities established in the care plan for the prioritized diagnoses.

Table 1. Implementation of the pain management intervention for the diagnosis of acute pain.

Intervention: pain management		
Date	**Time**	**Activities**
29 /11/22	08.00 am	An exhaustive assessment of the pain was carried out, including the location, characteristics, onset, duration, frequency, quality, intensity or severity of the pain and triggering factors.
	10:00 am	Measures (pharmacological, non-pharmacological and interpersonal) were selected and developed to facilitate pain relief as appropriate.
	12.00 pm	Periods of rest and adequate sleep were encouraged to facilitate pain relief.
	02.00 pm	Principles of pain management were taught.
	04.00 pm	Factors that precipitate or increase the expression of pain (fear, fatigue, monotony and lack of awareness) were reduced or eliminated.
	06.00 pm	The effectiveness of pain relief measures was evaluated through continuous assessment of the painful experience.

Source: Prepared on the basis of the Nursing Interventions Classification (NIC) (M, Howard, M, & Cheryl, 2020).

Table 2. Execution of the emotional support intervention / anxiety reduction for the anxiety diagnosis.

Intervention: emotional support		
Date	**Time**	**Activities**
29 /11/22	07.00 am	Empathic or supportive statements were made.
	09:00 am	I stayed with the patient and provided feelings of security during the most anxious periods.
	11.00 am	Listen to the patient's expressions of feelings and beliefs.

	02.00 pm	Embrace and touch the patient to provide support.
	04.00 pm	Encourage conversation or crying as a means of reducing emotional response.
	06.00 pm	Refer to counseling services, if necessary.

Source: Prepared on the basis of the Nursing Interventions Classification (NIC) (M, Howard, M, & Cheryl, 2020).

Table 3. Implementation of the intervention emotional support / anxiety reduction for the diagnosis anxiety.

Intervention: Reduction of anxiety.		
Date	**Time**	**Activities**
	7:20 am	A calm and reassuring approach was used.
	7:40 am	An attempt was made to understand the patient's perspective on a stressful situation.
	12:00 pm	Objective information was provided regarding the diagnosis, treatment and prognosis.
	2:00 pm	An environment that facilitates trust was created.
	4:00 pm	Recreational activities aimed at reducing tension were established.
	6:00 pm	The patient was instructed in the use of relaxation techniques.

Source: Prepared based on the Nursing Interventions Classification (NIC) (M, Howard, M, & Cheryl, 2020)

Table 4. Implementation of the intervention to improve sleep for the diagnosis of sleep pattern disorder.

Intervention: Improving sleep		
Date	**Time**	**Activities**
	7:20 am	The patient's regular sleep/wake cycle was included in the care plan.
	9:00 am	The patient was taught to control her sleep patterns.
	11:00am	The environment (light, noise, temperature, mattress and bed) was adjusted to favor sleep..
	2:00 pm	It helped eliminate stressful situations before going to bed.
	3:00 pm	The patient was taught autogenic muscle relaxation or other non-pharmacological ways of inducing sleep..
	4:00 pm	Naps were taken during the day if indicated, to meet sleep needs.
	5:00 pm	Sleep-promoting techniques were discussed with the patient and her family.
	6:00 pm	Informative brochures on techniques that favor sleep were provided.

Source: Prepared on the basis of the Nursing Interventions Classification (NIC) (M, Howard, M, & Cheryl, 2020).

Evaluation

In this stage of the PAE we carried out an evaluation of each activity of the interventions measurable by the results, which allowed us to compare what was planned with the current state of health of the patient.

Result: level of pain

Table 5. Baseline and final scores for the indicators of pain level outcome.

Indicators	Baseline score	Final score
Referred pain	2	4
Facial expressions of pain	2	4
Tears	2	4

Source: Prepared on the basis of the Classification of Outcomes (NOC) (Moorhead, Johnson, Maas, & Swanson, 2018)

Table 1 shows that the mode of the pain level outcome indicators selected for the diagnosis of acute pain before nursing interventions was 2 (substantially compromised), after the interventions, the mode was 4 (slightly compromised). There was also a decrease in episodes of pain, facial expressions of pain and tears. The change score was +2.

Outcome: anxiety level

Table 6. Baseline and final scores for indicators of anxiety level results.

Indicators	Baseline score	Final score
Uneasiness	2	4
Verbalized anxiety	3	5
Excessive worry	3	4

Source: Compiled from the Classification of results. (Moorhead, Johnson, Maas, & Swanson, 2018)

Table 2 shows that the mode of the anxiety level outcome indicators selected for the diagnosis of anxiety before the nursing interventions was 3 (moderately compromised), after the interventions, the mode was 4 (slightly compromised), corroborated by the decrease in restlessness, verbalized anxiety and excessive worry. The change score was +1.

Outcome: sleep

Table 7. Baseline and final scores for sleep indicators.

Indicators	Baseline score	Final score
Difficulty falling asleep	3	4
Interrupted sleep	3	5
Pain	3	4

Source: Compiled from the Classification of results. (Moorhead, Johnson, Maas, & Swanson, 2018)

Table 3 shows that the mode of the sleep outcome indicators selected for the diagnosis of sleep pattern disturbance before the nursing interventions was 3 (moderately compromised); after the

interventions, the mode was 4 (slightly compromised), decreased by difficulty falling asleep, interrupted sleep, and pain. The change score was +1.

Regarding the assessment stage, data was collected from the patient as the primary source. We obtained written information from the medical records and interviewed the daughter as a secondary source. To complete the information, a physical examination was used to complement the information collected. The information was then organized using Marjory Gordon's assessment guide based on functional health patterns adapted for the patient with a gynecological problem.

In the diagnosis phase, significant data was identified that facilitated the identification of nursing diagnoses according to NANDA-I. Seven nursing diagnoses were identified, of which three were prioritized: acute pain, anxiety, and sleep pattern disturbance. At this stage, prioritizing the diagnoses was complex.

In the planning phase, each of the nursing interventions was planned based on the corresponding NOC and NIC taxonomies for each nursing diagnosis. The aim was to carry out the prioritized activities of each intervention, thus allowing us to provide specific care that solved the patient's problems and/or needs. The difficulty in this phase lies in determining the baseline score of the outcome indicators and the final score.

In the execution phase, nursing care was provided in accordance with the nursing activities of each intervention, maintaining constant observation and reassessment of the outcome indicators. This resulted in a change score of +2 for the pain level outcome, a change score of +2 for the anxiety level outcome, and a change score of +1 for the sleep outcome. There were no significant difficulties due to the expertise in carrying out the activities of each intervention.

Finally, in the evaluation phase, various examinations were carried out consecutively, such as the physical examination of the patient, the analysis of the medical history, and the interview with the patient. The planned care was carried out by reassessing the patient and evaluating her response, and so, over a few days, she was discharged without risk of complications.

CONCLUSIONS

The nursing care process is an excellent methodology that allows us to provide care to the patient in a methodical, logical, and orderly manner, with favorable results based on a complete, objective, and precise nursing assessment, which facilitates the determination of nursing diagnoses using NANDA-I, NOC-NIC, to use a unified language in nursing.

The nursing care administered to the patient who had undergone total abdominal hysterectomy during the allotted time did not present any complications. The nursing care contributed to the patient's recovery, which allowed for comprehensive and quality care.

The development of the care plan has allowed us to guide and unify criteria in our nursing interventions, responding to specific needs, guaranteeing continuity of care, and avoiding potential complications for the patient.

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FINANCING

None.

CONFLICT OF INTEREST

None.